Premium Assistance Notice
State of Tennessee · Department of Finance and Administration

Return to:
801 Pine Street, Chattanooga TN 37402
AccessTN is administered by BlueCross BlueShield of Tennessee, Inc.
- an Independent Licensee of the BlueCross BlueShield Association

Premium assistance is not available at this time.
All premium assistance is in use by current AccessTN members.

As members leave the program, premium help will be offered to others.

Here are your options:

1. **Wait to enroll in AccessTN until you can get help with paying your premiums.** If you prefer this option, complete and return this page. We will add your name to a waiting list, based on when we get your form. We will notify you when premium help is available. Then you will have 30 days to return a full application to us. You do not need to send in the Application for Health Coverage now.

2. **Enroll in AccessTN now and pay the full premium until help with your premium becomes available.** If you prefer this option, you do not need to complete this form. **However**, you will need to complete the Application for Health Coverage. The application is also online at **AccessTN.gov**. We will still add your name to the AccessTN waiting list. We will notify you when help with your premium is available.

Common Questions:
1. *How long will I be on the waiting list*? We do not know, but we will let you know when premium help is available.
2. *What if I do not return my papers within 30 days after you contact me?* You will lose your place on the waiting list.
3. *What if I enroll and then terminate coverage?* You will have to wait 12 months before you can re-enroll.

See AccessTN.gov or call 1-866-636-0080 toll free with questions. Complete all sections in blue or black ink, or type, and sign. Mail this form to the address in the box above. You can also fax it toll free to our fax number, 1-866-636-0161. Let us know if you move or change your phone number.

Applicant Notification Information

Last Name	First Name	MI	Date of Birth (mm/dd/yy)	Social Security Number

Address	City	State	Zip Code

Home Phone, with area code ( )	Work Phone, with area code ( )	Cell Phone ( )
		Email Address

Applicant Notification Information

Applicant's Signature in ink (or by legal guardian or conservator if applicant not legally competent)	Date

If signed by applicant, nothing is required in this block. If signed by legal guardian or conservator for the applicant, please print name, address, and phone number here.